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F. Burton Jones Vallejo 1947
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Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

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EDITORIALS

VII. PROPOSALS FOR A COMPULSORY SICKNESS INSURANCE LAW FOR CALIFORNIA

(Present Series, Concluded)

Compulsory Sickness and Hospitalization Bills Were Defeated. Interim Study Committees Have Been Appointed by the Legislature.—When on June 16, 1945, the California Legislature adjourned its biennial session, members of the medical profession heaved at least a faint sigh of relief, since the proponents of compulsory sickness and hospitalization plans had failed in their efforts to have any of their measures enacted into law.

The members of the 56th California Legislature are to be congratulated on their good judgment in refusing to be carried away by the specious pleas and glowing ideologies presented to them by the advocates of the compulsory prepayment plans that had been submitted, and concerning which much space has been given in CALIFORNIA AND WESTERN MEDICINE since January last.

Instead of the proposed laws, the State Senate has appointed an Interim Committee to study prepayment plans, appropriating some \$20,000 to carry on the investigation, giving the Committee power to subpoena, etc., and stipulating a report be submitted to the next California Legislature which will convene in January, 1947. The Senate resolution (Sen. Res. 131) and comments thereon appear in this issue on page 22 (Items VI and VII).

The appointees for the Senate Interim Committee include State Senators Byrl R. Salsman, Chairman, Palo Alto (Santa Clara County), John F. Shelley of San Francisco, Louis G. Sutton of Maxwell (Colusa County), Chris N. Jespersen of Atascadero (San Luis Obispo County), and Arthur H. Breed, Jr. of Oakland (Alameda County).

An Assembly Resolution (H.R. 295) with appropriation of \$50,000, and of similar nature, is printed for its informative value concerning proposed scope and powers of that Interim Committee. At this writing the appointments for the Assembly Committee have not been announced. (See Item XII on page 29.)

The Threat of an Initiative by C.I.O.—Unless the C.I.O. group puts into action its threat to present a compulsory sickness insurance law as an initiative to be placed on the State election ballot of November, 1946, or at a special State election prior thereto, (in case the necessary number of valid signatures of voters are secured by the C.I.O., or the Governor in the meantime calls a special session of the Legislature), it may be assumed that the controversial publicity concerning compulsory prepayment sickness and hospitalization plans that has been given so much space in the newspapers, will take on a more quiet tone.

* * *

Organized Medicine Must Also Carry On Its Studies.—Since the legislative and executive branches of California's Government have authorized a study of prepayment sickness and hospitalization plans, it follows that organized medicine as represented by the California Medical Association should likewise be carrying on its further studies and collection of factual and other data. The information so secured could be submitted for consideration to the Legislature's Interim Committees. Such steps have already been taken by the Council, a special representative now being engaged in making a first-hand investigation of prepayment plans already in operation in different States. The information obtained and compiled from these various sources will be briefed, and will be sent to Legislators and others who have concern and obligations in finding a practical solution of the problem involved in providing adequate medical care for all groups of California citizens.

* * *

Responsibility Applies to Every Doctor of Medicine.—All members of the California Medical Association have a heavy responsibility in this, not only as regards their personal and professional interests, but also because of the debt they owe to the more than 2,000 C.M.A. fellow-members who have answered the call of our Country in its hour of need, and who are in active service in the medical departments of the Army and Navy.

Lay citizens today appreciate the stress and strain under which increased loads bear down on all physicians in civilian practice, but heavy as these burdens may be, they are lighter by far than many borne by colleagues in military service. The rights of these fellow-physicians who are in the Armed Forces must be conserved; not only in relation to obnoxious and impractical compulsory sickness laws, but also as concerns the ultimate replacement of military colleagues in the California communities in which they formerly practiced their profession.

The hope is expressed that every member of the California Medical Association will promptly acquaint himself as fully as possible concerning prepayment sickness and hospitalization plans, and disseminate his opinions thereon to patients and friends.

The Doctors of Medicine of California who

give medical care to the great majority of California citizens start out in possession of the faith and good will of their citizen-patients. Otherwise, these citizens would not be going to these physicians for care during illness. Here is an asset through which public opinion may be molded, if physicians only will first educate themselves concerning prepayment plans of medical care, and then inform patients and friends with their views. The potential possibilities of such support by patients should be translated into active coöperation.

* * *

County Medical Societies Must Do Their Part.—In the campaign of self-education of physicians concerning these problems, the component county medical societies also have distinct responsibilities. The president and secretary of every county medical society, in coöperation with the program committee, should take steps to provide not one, but a number of programs, at which various phases of prepayment and social security plans would be discussed. A half hour at each monthly meeting would not be too much to allocate for such purpose. County society members should ask their officers and program committees to inaugurate such round-table or other conferences. If these educational activities are carried on during the next two years, it will aid greatly in the drafting of practical legislation having as its objective, provision of adequate medical care for all groups of California citizens.

THOMAS M. LOGAN, M.D., CO-FOUNDER OF CALIFORNIA MEDICAL ASSOCIATION. HIS EFFORTS IN 1872 TO HAVE UNITED STATES ESTABLISH A NATIONAL DEPARTMENT OF HEALTH, WITH ITS CHIEF IN THE PRESIDENT'S CABINET

Doctor Thomas M. Logan An Exemplar of Ideals and Achievements.—In the current issue of CALIFORNIA AND WESTERN MEDICINE, space is given to a biographical sketch of Thomas M. Logan, M.D., who in 1856 joined with Doctor E. S. Cooper to establish the Medical Society of the State of California,* and who later, in 1870, after a decade of inactivity, brought about its resuscitation.

In this year 1945, the California Medical Association is the fourth (perhaps the third) largest constituent state medical society in the American Medical Association. The great increase in state association membership has taken place in recent years through out-of-state graduates, with only a limited number of new members who are native sons of the Golden State.

A recital of some of the achievements of the exceptional physician who with Doctor E. S. Cooper in 1856 brought our state medical association into existence, and subsequently on October 19, 1870, reestablished it on a permanent

* Until 1924 the name of our present "California Medical Association" was "Medical Society of the State of California."